## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
California's New Frontier		C C00589317
Check if X 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Greenstripe Media, Inc.		Date of Public Distribution/Dissemination
		10 16 2016
Mailing Address 424 Old Newport Boulevard		Amount
City State	Zip Code	45000.00
Newport Beach CA	92663	Transaction ID : EDT.E.50  Date of Disbursement or Obligation
Purpose of Expenditure Radio airtime	Category/ Type 24E	10 14 2016
Name of Federal Candidate	Support C	Office Sought: House District:
Sanchez, Loretta, , ,	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		Amount
Otata	7' 0-1-	
City State	Zip Code	
Purpose of Expenditure	1	Date of Disbursement or Obligation
	Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
To Election to Congress		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		45000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		45000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	ically Filed] Date	10 17 2016
Signature	'	